

## **CITY OF FRANKFORT**

Planning & Community Development AND The Finance Department P.O. Box 697

Frankfort, Kentucky 40602 Phone: (502) 352-2094 Fax: (502) 875-8502

## PROPERTY ASSESSMENT / REASSESSMENT MORATORIUM CERTIFICATE APPLICATION FOR EXISTING BUILDINGS THAT ARE 25YRS OR OLDER

Da	te: _				
1.		Applicant Information:			
	•	Applicant/Agent name:			
	•				
	•	Phone #:	Email:		
	•		Address		
	•	Architect	Phone #		
2.	•	Property Information:  • Property Address:			
	•	Zoning District:			
	•	Type of Existing Use of the Property:			
	•	• Type of <u>Proposed Use</u> of the Property:			
	•	Gross Floor Area of the Structure(s):			
	•	Is the Structure more than 25 years old?			
	•	Previous two (2) years assessed value:	<u> </u>		
	•	Describe the proposed time schedule of the project (beginning to completion):			
	Detailed description of the nature and extent of the restoration, repair, rehabilitation, or stabilization to be undertaken:				
<ul> <li>Is the property in a National Historic District- □yes □no</li> <li>Has the above description been approved by the Architectural Review</li> <li>THE FOLLOWING ITEMS ARE REQUIRED AS PART OF THE</li> </ul>			y the Architectural Review Board? □yes □no		
Э.		APPLICATION:	UIRED AS PART OF THIS		
		☐ Completed Application - The applicant must fill out all applicable areas of this application. The application must be submitted to the Planning and Building Codes Department.			
		<u>Proof of Ownership</u> - A copy of the last recordequired if the applicant is other than the o	orded deed of the property. An agent affidavit is owner.		

☐ <u>Agent Affidavit</u> (if applicable)	- If the applicant is other than the owner of the property.
total project expenditure. NOT	ailing the planned work to be done, with an estimate of the E: Documentation of all expenses incurred must be provided e Department upon project completion.
	d list of all fixed building equipment which will be a part of the economic advantages expected from the moratorium, n employment.
approved for any property wit	oplication: This application is required to be submitted and thin the City's historic districts, prior to approval of this torium application. If this has been already done, please ate of appropriateness".
NOTES:	
(following the submittal and approval of all applicable design requirements and emaintained. It is the applicant's resp. Inspector may be reached at (502) 35	
I HAVE READ THE INFORMATION ANSWERS CORRECTLY TO THE BE	IN THIS APPLICATION AND HAVE FILLED IN ALL ST OF MY ABILITY.
APPLICANT'S PRINTED NAME:	DATE:
AFFIDAVIT OF	OWNERSHIP AND ACCURACY
	do hereby swear or affirm under penalty of property for which this assessment moratorium is sought and that is true and correct. <u>I further understand that it is my responsibility der for my application to be processed.</u>
owner signature	date
owner signature	date
Application # Comments:	R OFFICIAL USE ONLY
Application received by	date and time: